



ANN LIGUORI FOUNDATION

Charity Golf Tournament

Sebonack Golf Club in Southampton, New York
Tuesday May 17, 2011

**7.30am Registration, Driving Range & Continental Breakfast
9am Shot Gun Start
1.30pm Awards Luncheon, Silent and Live Auction**

Golf Classic Registration

Please Reserve _____ Golf Tickets at \$1200 each

\$1200 Ticket includes:
1 player
Continental breakfast, golf and awards luncheon

Please Reserve _____ Foursome Tickets for \$4000

\$4000 Tickets include:
A foursome
Continental breakfast and awards luncheon

Please Reserve _____ Guest Luncheon Tickets at \$150 each

Each \$150 Ticket includes:
Awards Luncheon featuring BBQ station, Tuscan Table, Chafers (BBQ Chicken, vegetables, pasta), Dessert Table

_____ **I regret that I am unable to attend either event**
but wish to make a contribution to the Ann Liguori Foundation
in the Amount of \$_____

Sebonack limits the number of foursomes. Please reserve your tickets at your earliest convenience

*The Ann Liguori Foundation is a 501 (c) (3) public charity, whose mission is to raise funds and awareness for organizations who work in the field of cancer prevention, research and cancer care-related charities
Your contribution is tax-deductible to the extent allowed under Section 170 of the IRS Code.*



ANN LIGUORI FOUNDATION

Charity Golf Tournament Registration FORM

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please reserve: _____ Number of golfers and _____ Number of guest lunch tickets

PAYMENT:

Enclosed is my check made payable to **The Ann Liguori Foundation**

in the amount of \$ _____

OR

Please charge my tickets or donation to my credit card as follows:

American Express, Visa, Master Card (circle one)

Card #: _____ Expiration Date: _____

Security Code: _____ Name as it appears on the card: _____

Signature: _____

PLEASE include the individual golfer's name and all names in foursome, email addresses, handicaps and shirt sizes:

Name	E-mail	Shirt Size	Handicap
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

*For Information, please contact
Ann Liguori Foundation 631-801-2233*

**Please mail completed Registration Form to:
Ann Liguori Foundation P.O. Box 605 Westhampton, NY 11977**